

# COVID-19 Guidance for Behavioral Health Inpatient and Residential Facilities

This document provides COVID-19 infection prevention and control guidance for behavioral health inpatient and residential care/treatment facilities, and is based on guidance from the Centers for Disease Control and Prevention (CDC) and the [National Council for Behavioral Health](#). The companion documents, [Safe Start Recommendations and Requirements for Licensed and Certified Inpatient Behavioral Health Facilities and Agencies](#) and [Recommendations for Adapting Behavioral Health Treatment to Reduce Risk of COVID-19 Transmission](#), provide guidance on:

- 1) Suggested variations in care depending on the level of COVID-19 transmission in the community.
- 2) How to safely conduct outdoor visitation while indoor visits are prohibited by order of the Governor due to risk of COVID-19.
- 3) Adaptations in behavioral health treatment that can be made to reduce the potential for spread of COVID-19 while maintaining quality of care.

These guidance documents are applicable to any behavioral health setting where patients stay more than 24 hours. Other group living facilities that offer behavioral health treatment, such as Oxford or sober houses, can also benefit from this guidance. These guidance documents do not supersede any regulatory requirements that pertain to your facility type.

## Background

The COVID-19 pandemic has strained our ability to provide safe healthcare and protect patients and workers, including in behavioral health settings. Some risk of COVID-19 will be present until the pandemic ends or an effective vaccine is developed. Recent outbreaks of COVID-19 in inpatient and residential behavioral health facilities highlight the risks associated with living and working in close quarters and with providing in-person treatment. These outbreaks provide impetus to improve infection prevention and control preparedness and practices in these settings. It is crucial that behavioral health facilities provide staff adequate education and resources to reduce risk as much as possible, while continuing to provide essential care.

## Actions to Prevent COVID-19 Transmission

### Stay informed and develop a plan

- Stay informed about the [state and local COVID-19 situation](#).
  - Establish a relationship with your facility's local health jurisdiction for information on understanding COVID-19 reporting requirements and accessing public health recommendations.
  - Maintain awareness of any regulatory requirements or updates that pertain to your facility type.
- Provide education to all patients, families, and staff about COVID-19, ways to help keep themselves and others safe, risk factors for severe disease, and any changes to treatment or visitation procedures. Provide regular updates regarding new changes and COVID-19 cases in the facility.
  - Patients and staff at [higher risk for severe COVID-19](#) should consult their healthcare provider for any recommended special precautions.
- Develop a COVID-19 preparedness plan for how to improve safety for staff and patients, and how to respond to a case of COVID-19 in your facility. See [CDC's Comprehensive Hospital Preparedness Checklist for COVID-19](#) as an example of a hospital plan. The plan should include:
  - A designated COVID-19 lead coordinator responsible for implementing the plan.
  - Contact information for your local health jurisdiction and details on how to report cases to local public health.
  - An identified space for isolating patients with confirmed or suspected COVID-19 and for providing care, at least until they can be transferred to another facility or home.
  - A plan for communicating with staff, patients, and families when a confirmed or suspected COVID-19 case is identified in the facility.
  - A plan for obtaining appropriate personal protective equipment (PPE) for care of persons receiving services and for training staff on proper use.
  - A plan for obtaining supplies for hand hygiene and cleaning, and for adequate environmental services personnel.
- Limit visitors, vendors, and non-essential services until the risk of COVID-19 transmission is low. Offer alternate modes of visitation using technology.
- [Screen](#) all persons receiving services, staff, and visitors for [COVID-19 symptoms](#) before allowing them to enter the facility. Maintain a record of screening.
- Educate staff to stay home when they are sick or exhibit [COVID-19 symptoms](#), and about whom to tell if they believe they are sick with COVID-19.
- Provide flexible paid medical leave and liberal leave policies to encourage staff to stay home when they are sick.

## Implement infection control practices to prevent transmission

- Universal masking for source control is recommended in healthcare settings.
  - Cloth face coverings should be worn by all patients while indoors, unless medically or behaviorally contraindicated (or patient is alone in their private room or sleeping). Face coverings should also be worn outdoors when 6 feet social distancing cannot be maintained.
  - Staff who are not providing direct patient care should wear either a cloth face covering or medical (surgical or procedural) mask.
  - Staff providing direct patient care should wear FDA-approved medical masks. In areas with [moderate to substantial community transmission](#) of COVID-19, CDC recommends that staff providing direct patient care should also wear eye protection.
  - For some persons receiving services, the use of cloth face coverings or facemasks might pose a danger or cause distress. Some persons receiving care may be unable or unwilling to use them as intended. Elastic and cloth straps can be used for strangling oneself or others, and metal nasal bridges can be used for self-harm or as a weapon.
  - Consider allowing persons receiving services who are at low risk for misuse to wear cloth face coverings or facemasks, with a preference for those with short ear loops rather than longer ties, or only requiring use of a face covering when patients are out of their room and can be observed by staff.
  - Anytime staff are interacting with patients who cannot wear a face covering or facemask, staff should wear a facemask and eye protection.
- Limit the number of people that patients and staff interact with by creating small cohorts of patients and assigning designated staff to provide care within that cohort. If someone were to develop COVID-19, limiting exposure to only the small cohort can reduce spread within a facility.
- Patients with COVID-19 who are receiving services within the facility should be isolated by transferring them to a separate area of the facility where they can be cared for by dedicated staff.
  - If security concerns or specialized care needs of infected patients preclude isolating them in a separate part of the facility, it is particularly important to provide as much social distancing as possible between infected and non-infected patients, and to improve ventilation in the area (when possible), hand hygiene by staff and patients, and cleaning and disinfection of the environment.
  - Ideally, a COVID-19 infected patient would have a separate bathroom from other persons receiving services. If a separate bathroom is not available, ensure the patient with COVID-19 wears a facemask when out of their room and all surfaces they touch are cleaned and disinfected.

- Ensure healthcare providers and staff wear all recommended PPE when caring for patients with suspected or confirmed COVID-19. Recommended PPE for care of a COVID-19 infected patient includes:
  - A NIOSH-approved fit tested N95 respirator or higher, or FDA-approved facemask if a respirator is not available
  - Eye protection
  - Gloves
  - Gown
- Modify care to achieve social distancing.
  - Group counseling, individual therapy, and discussion sessions are critical components of psychiatric treatment and care plans, but the traditional set-up for these activities is not compatible with social distancing recommendations. Conduct individual and group therapy remotely. If remote is not possible, conduct socially distanced in-person treatment.
    - When providing in-person therapy using social distancing, the group should be limited in size and all participants should wear face coverings and remain at least 6 feet from other people. See [Safe Start Recommendations and Requirements for Licensed and Certified Inpatient Behavioral Health Facilities and Agencies](#) and [Recommendations for Adapting Behavioral Health Treatment to Reduce Risk of COVID-19 Transmission](#) for more details on adapting therapy depending on the level of COVID-19 transmission in the community.
  - In the event that COVID-19 transmission occurs in the facility, consider stopping in-person sessions and transitioning to remote services until adequate infection prevention measures are in place to stop the spread.
  - Prioritize socially distanced, in-person care by the needs of the person receiving services.
- Plan for how to maintain social distancing between patients and staff as much as possible during therapy, meals, and free time.
  - When social distancing must be practiced, communal dining is generally not recommended.
  - If eating must be supervised due to the potential for patients to self-harm with eating utensils or because of side effects of psychiatric medications (e.g., tardive dyskinesia, dysphagia, hypo- and hyper-salivation) that increase choking risk for patients, some options for adapting dining to allow monitoring while social distancing include:
    - Position staff in patient's room to monitor their dining.
    - Arrange communal dining in shifts so staff can monitor patients while ensuring they remain at least 6 feet apart.

- Have patients sit in appropriately spaced chairs in the hallway outside their rooms so they can be monitored while eating, provided the arrangement complies with the fire code.
- Increase frequency of hand hygiene by patients and staff.
  - Encourage frequent hand washing with soap and water, or alcohol-based hand sanitizer (ABHS) containing 60-95% alcohol if it can be used safely.
  - Avoid ABHS use, or ensure that staff can supervise its use, if there is any concern that patients may ingest it.
  - Consider providing personal, pocket-sized ABHS dispensers for healthcare personnel, and dispensing ABHS to patients rather than having it readily accessible.
- Increase frequency of environmental cleaning.
  - Clean and disinfect all surfaces frequently according to [CDC guidelines](#) and instructions for use with a disinfectant listed on [EPA's list N](#).
- Improve ventilation in the facility by opening windows or adjusting the HVAC system to bring in more fresh air from outside the facility.
- More information on preventing infection in behavioral health facilities is available in the [CDC Infection Prevention FAQ](#).

## Addressing Staffing Needs

Staff in behavioral health settings are considered essential critical infrastructure workers. Staffing shortages may occur during the COVID-19 pandemic due to illness, quarantine, job demands, required training, assignment of staff to small cohorts, high-risk conditions, and fear of COVID-19.

### Staffing Shortages

- Make a plan for staff absences and shortages. Refer to these [CDC's Strategies to Mitigate Healthcare Personnel Staffing Shortages](#).
- Follow [CDC's guidance on how to assess risk and determine work restrictions for healthcare workers who were potentially exposed to COVID-19](#).
- To determine when staff who have been diagnosed with COVID-19 can return to work safely, refer to [CDC's Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection](#).
- Plan for increased staffing requirements when creating small cohorts of patients with dedicated staff.
- Offer staff at [higher risk for severe COVID-19](#) the option of working from home, if possible.

## Supporting Staff

Support staff so they can effectively provide care to patients.

- Organize daily staff check-ins to discuss updates, successes, lessons learned, and any concerns.
- Establish a relationship with an independent behavioral health consultant or Employee Assistance Program (EAP) to support staff members who are experiencing adverse impacts in their professional or personal life.
- Establish a space staff can use as a retreat during times of increased stress. Ensure appropriate distance can be maintained between staff in this retreat space.
- Staff may be concerned about their own risk of infection, access to adequate PPE, or potentially exposing their families to COVID-19. These concerns have psychological impacts.
- Staff may experience fear around returning to work after recovering from COVID-19.

## Isolation, Testing, and Quarantine for Patients

### New Admissions

- Facilities should not require a negative COVID-19 test before accepting a patient for admission. Ideally, a facility would be able to perform COVID-19 testing on new admissions at the time of admission and 14 days after admission. However, testing is not required.
  - Facilities should be aware that a negative COVID-19 test does not guarantee the patient is free of COVID-19, as the new admission may have been exposed and is still in the incubation period.
- [Screen](#) all new patients for [COVID-19 symptoms](#) and risk of exposure to COVID-19 at the previous location.
- If possible, place new patients on a 14-day quarantine in a private room. Assess them daily for COVID-19 symptoms.
  - If quarantine is not possible, a 14-day observation period is recommended. New admissions should be encouraged to stay in their room as much as possible during this time.
  - If a private room is not available, try to limit the number of other patients sharing a room with the new admission. Ensure that beds are spaced at least 6 feet apart in shared rooms and patients sleep head-to-toe to increase the distance between them.
- A behavioral health residential facility can accept a patient who is diagnosed with COVID-19 as long as the facility can follow [CDC's Infection Control Guidance for Healthcare Professionals about COVID-19](#).

### Current Patients

Current patients who develop [COVID-19 symptoms](#) during their stay should be immediately separated from others to a designated private isolation room, if possible. All care should be provided in adherence with [CDC's Infection Control Guidance](#), including:

- A NIOSH-approved fit tested N95 respirator or higher, or FDA-approved facemask if a respirator is not available
- Eye protection
- Gloves
- Gown

Arrange timely COVID-19 testing and assessment by a healthcare provider for the ill patient. If COVID-19 is confirmed or strongly suspected, keep the person receiving services in isolation and do not allow them to attend in-person therapy or communal meals. Ideally, the COVID-19 patient can remain in their residential care setting to avoid disruption to their treatment. If symptomatic, the ill person should be assessed daily for worsening symptoms. Ideally, this would include checking vital signs three times daily and checking pulse oximetry.

Report positive test results to the local health jurisdiction, and work with them to identify and quarantine close contacts. Place those who test positive in isolation according to [CDC's Infection Control Guidance](#). Discontinue isolation according to [CDC's Discontinuation of Transmission-Based Precautions in Healthcare Settings](#).

## More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

A person's race/ethnicity or nationality does not, itself, put them at greater risk of COVID-19. However, data are revealing that communities of color are being disproportionately impacted by COVID-19. This is due to the effects of racism, and in particular, structural racism, that leaves some groups with fewer opportunities to protect themselves and their communities. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

**Have more questions about COVID-19?** Call our hotline: **1-800-525-0127**, Monday – Friday, 6 a.m. to 10 p.m., Weekends: 8 a.m. to 6 p.m. For interpretative services, **press #** when they answer and **say your language**. For questions about your own health, COVID-19 testing, or testing results, please contact a health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).